

# **Exhibit T**

BML - MAN - 148199

# Private Client Account Opening Documentation

We are delighted that you wish to open an account with SG Hambros Bank (Channel Islands) Limited.

Our aim is to bring you the highest level of private banking service; to understand your present and future financial requirements and to offer you the resources of SG Private Banking, the private banking arm of our parent, Société Générale. Together we manage over £33bn of assets from businesses in twenty locations worldwide.

Within this documentation you will find an application form together with questionnaires on investments and financial planning which will allow us to begin to tailor our services to your particular circumstances. Finally, we include an application for the complementary SG Hambros Visa Gold Debit Card, a card which works in conjunction with your bank account and carries a wide range of additional benefits.

Our Standard Terms and Conditions for the Operation of Personal Accounts cover most of the practicalities of running your account; they should be read carefully before completing this documentation and kept in a safe place for future reference.

**SG Hambros**



PRIVATE BANKING

PERSONAL ACCOUNT APPLICATION FORM. To be completed by each Account Holder. Please use BLOCK CAPITALS.

To: SG Hambros Bank (Channel Islands) Limited, PO Box 78, SG Hambros House, 18 Esplanade, St Helier, Jersey JE4 8PR

1. TYPE OF ACCOUNT

Current ☒ Other (please specify):

Currency (please specify):

£us\$

Title of account

Title of account

REEVA GOLDBLUM

2. PERSONAL DETAILS

Account Holder

Joint Account Holder

Surname

GOLDBLUM

Surname

Forename(s)

REEVA

Forename(s)

Title

MRS

Title

Date of birth

Place of birth

Date of birth

Place of birth

Nationality

Passport no.\*

Nationality

Passport no.\*

Domicile

Domicile

Permanent residential address

Permanent residential address

51 DOROTHY AVE, NORWOOD  
2192, JOHANNESBURG,  
SOUTH AFRICA

Correspondence address (if different from above)

Correspondence address (if different from above)

P.O. Box 92221,  
NORWOOD 2117,  
JOHANNESBURG, S. AFRICA

Telephone (home)

27.11.7281930

Telephone (home)

Telephone (business)

Telephone (business)

Facsimile

Facsimile

Mobile

082 9708330

Mobile

e-mail

redgold@alexco.net.  
LD.22

e-mail

Business interests/profession/occupation

Business interests/profession/occupation

Place of business

Place of business

Directorships held

Directorships held

\* We will require a certified copy of your current passport as identification.

Name and address of present bankers

Name and address of present bankers

Period with present bankers

Period with present bankers

Name and address of solicitors

Name and address of solicitors

Name and address of accountant

Name and address of accountant

~~14 Hejon Street  
Alphington, Johannesburg~~

Name(s) and address(es) of stockbroker(s), investment manager(s)

Name(s) and address(es) of stockbroker(s), investment manager(s)

Answering the following questions will assist the Bank in the assessment of your current and future financial requirements.  
(Under 'Income', please state approximate gross amount per annum.)

	Account Holder	Joint Account Holder
<b>Income</b>		
Basic salary/income		
Bonus/commission		
Dividends		
Rental income		
Other income*		
<b>Total income</b>		
*Please specify		
Are you a member of a company pension scheme?	yes no <input checked="" type="checkbox"/>	yes no
Do you receive a company pension?	yes no <input checked="" type="checkbox"/>	yes no
Do you have a personal pension?	yes no <input checked="" type="checkbox"/>	yes no

Assets	Main residence	✓
	Other property	FLAT
	Deposit accounts	± \$410,000-00
	Stocks, Shares	JOHN HANCOCK AMCO COCA COLA AMERICAN EXPRESS BRESIL VORISON WIRELESS
	Value of share options	± \$661,000-00
	Life Assurance (surrender value)	
	Pension (fund value)	
	Cars	✓
	Other assets (please specify*)	

**Total assets (A)**

\$1,300,000-00

\* Please include any tax-efficient schemes such as PEPs/ISAs, together with plan year and value, on a separate schedule if necessary. Please include any Self-Invested Personal Pension schemes.

Any additional details you can provide on the composition of your portfolios and the strategies being pursued, including the managers involved, will help us to co-ordinate the overall management of your financial affairs.

**Liabilities**

Mortgage  
Other property-related loans  
Taxes  
Contingent liabilities (e.g. personal guarantees)\*

Existing credit agreements (e.g. credit cards, unsecured loans)\*\*

**Total liabilities (B)**

**Net worth (A-B)**

\* Please specify, giving details, amount and expiry date(s)

\*\* Please specify

Other  
commitments  
(per month):

Rental  
Assurance  
Insurance  
Maintenance, alimony

	yes	no	yes	no
Credit history				
Have you ever been refused a loan or any kind of credit?	✓			
Have you ever been the director or secretary of a company that has been wound up?	✓			
Have you ever had a Court judgement for debt recorded against you?	✓			
Have you ever been declared bankrupt or made arrangements with creditors?	✓			

If the answer to any of the above questions is yes, please supply details on a separate sheet.

Please complete either section 3 or 4:

### 3. INDIVIDUAL MANDATE

I request and authorise you until receipt by you of notice in writing to the contrary from me to act on all instructions relating to my account or accounts and to honour and debit to my account or accounts, whether in credit or overdrawn or becoming overdrawn or closed in consequence of such debit, all cheques, drafts or other orders or receipts for money signed, bills of exchange and promissory notes drawn, accepted or made by me provided they are signed or accepted by me.

I hereby acknowledge that I will be fully liable to you for repayment and satisfaction of all moneys, obligations and liabilities at any time due, owing or incurred in respect of such banking account or accounts in my name or jointly with any others together with interest, commission, charges and any expenses incurred by you including all legal and other costs on a full indemnity basis.

I also hereby authorise you to act on any instructions which I may give you concerning any securities howsoever registered you may hold in depot for my account.

Full name

REEVA GOLDBLUM

Signature



If you are opening a current account:

Do you require a cheque book? yes ✓ no

With counterfoils? yes ✓ no

Do you require a paying-in book? yes ✓ no

How would you like your name represented on these?\*

REEVA GOLDBLUM

\* The styling of the account must be the same for all items issued.

#### 4. JOINT ACCOUNT MANDATE

We, the undersigned, request you to open a joint account in our names and jointly and severally authorise you until receipt by you of notice in writing to the contrary signed by any one of us revoking this mandate to act on all instructions relating to such account or accounts and to honour and debit to such account or accounts, whether in credit or overdraw, or becoming overdrawn or closed in consequence of such debit, all cheques, drafts or other orders or receipts for money signed, bills of exchange and promissory notes drawn, accepted or made on our behalf provided they are signed or accepted by

all of us, any.....(number) of us other instructions:

and we will be jointly and severally liable to you for repayment and satisfaction of all moneys, obligations and liabilities at any time due, owing or incurred from or by us to you together with interest, commission, charges and any expenses incurred by you including all legal and other costs on a full indemnity basis.

We hereby authorise any one of us to pay moneys, cheques, notes, drafts, orders to the credit of the above account or accounts and from time to time on our behalf to certify the correctness of the above account or accounts and receive the cheques and other vouchers relating thereto and to lodge documents on our behalf.

All or any stocks, shares, bonds or securities or other documents, packages or things of any description now or hereafter held by you for the above account may be withdrawn or disposed of by

all of us, any.....(number) of us other instructions:

It is understood that any balance which may now or hereafter stand to the credit of the above account and also any stocks, shares, bonds or securities or other documents, packages or things of any description now or hereafter held by you for the above account shall belong to the survivor or survivors of us absolutely in the event of any, either of us dying while such account continues.

*Each individual joint account party to sign with specimen signature.*

*Account Holder*  
Full name

*Joint Account Holder*  
Full name

If you are opening a current account:

Do you require a cheque book?	yes	no
With counterfoils?	yes	no
Do you require a paying-in book?	yes	no
Signature		

If you are opening a current account:

Do you require a cheque book?	yes	no
With counterfoils?	yes	no
Do you require a paying-in book?	yes	no
Signature		

How would you like the account titled?\*

\* The styling of the account must be the same for all items issued.

*Third Account Holder*  
Full name

*Fourth Account Holder*  
Full name

Address

Address

Passport number\*

Date of birth

Passport number\*

Date of birth

If you are opening a current account:

Do you require a cheque book?	yes	no
With counterfoils?	yes	no
Do you require a paying-in book?	yes	no
Signature		

If you are opening a current account:

Do you require a cheque book?	yes	no
With counterfoils?	yes	no
Do you require a paying-in book?	yes	no
Signature		

\* We will require a sight of your current passport as identification.

## 5. TELEPHONE, ELECTRONIC MAIL AND FACSIMILE MANDATE

The Account Holder(s) hereby authorise(s) the Bank to accept telephone, electronic mail, faxed instructions purporting to come from myself ourselves (please delete as appropriate) with the identification of (insert codeword of your choice) and to act for all banking purposes on these instructions

In consideration of the Bank agreeing to accept such instructions the Account Holder(s) hereby undertake(s):

- (a) to indemnify the Bank from and against all actions, proceedings, costs, claims, demands, expenses or losses that the Bank may suffer or sustain by reason of or on account of having or not having accepted such instructions;
- (b) that the Bank shall be entitled to debit the Account Holder(s)' account with the amount of any payments the Bank may make in respect of having accepted such instructions;
- (c) on demand to provide funds to meet all payments under such instructions.

Please sign here only if you wish to use this facility. All account holders must sign, and use any codeword inserted above in all requests to the Bank.

Account Holder's signature

Joint Account Holder's signature

Third Account Holder's signature

Fourth Account Holder's signature

## 6. NO COMMUNICATION MANDATE

The Account Holder(s) hereby requests and authorises the Bank not to communicate with them in any way whatsoever nor to transmit to them any correspondence, statement of account or advice of any nature whatsoever except by the Account Holder making personal contact with the Bank, provided that you have made it a condition of opening an account in my/our name(s) that the Bank has an unfettered right to communicate with the Account Holder whenever and however it chooses.

In consideration of your continuing to grant banking services and facilities to me/us, I/we hereby jointly and severally undertake and agree to indemnify the Bank from and against all losses, costs, damages, expenses and demands of whatever nature which you may incur or sustain or which may result from you having so communicated or refrained from communicating with me/us.

The Bank may make a charge for this facility.

Please sign here only if you wish to use this facility. All account holders must sign.

Account Holder's signature

Joint Account Holder's signature

Third Account Holder's signature

Fourth Account Holder's signature

## 7. STATEMENT DATES AND FREQUENCY

I/we would like my/our statement prepared (state frequency)

On the following day(s) (state day(s) of month if monthly)

EVERY 3 MONTHS

Address for despatch

Copy statement address (if applicable)

## 8. REFERENCES

It is the Bank's practice to obtain a reference on all new clients from existing or previous bankers and, at the Bank's discretion, from suitably regulated professional advisers. Accordingly, all Account Holders must complete and sign the authorisation sheet enclosed. The Bank also requires the right to take a reference from a recognised Credit Reference Agency and the authority of all Account Holders is required for this purpose. If made, such enquires would normally seek to confirm identity, address and credit status.

All Account Holders must sign.

Account Holder's signature

Joint Account Holder's signature

Third Account Holder's signature

Fourth Account Holder's signature

## 9. BANK'S DUTY OF CONFIDENTIALITY

The Bank has a duty of confidentiality to its clients. We will only disclose information about you and your financial affairs in the following four situations:

- (a) where the Bank is required to disclose information by law;
- (b) where the Bank has a duty to the public to disclose information;
- (c) where the disclosure is necessary to protect the interests of the Bank; or
- (d) where the client has consented to such disclosure.

Client Relationship Managers are the focal point of your relationship with SG Hambros Bank (Channel Islands) Limited. It is their responsibility to understand your present and future needs and to develop solutions for specific circumstances. In order to do this they may need, from time to time, to discuss your affairs with professionals in other companies within SG Hambros or other parts of the Société Générale Group, including our sister companies in Jersey with whom we work closely. This may also result in the marketing of other Société Générale services to you where these are appropriate to satisfy a need. We will only disclose information about you, your account, business or positions to a Group company for these above reasons if you give your consent in writing. If you wish to give such consent, please indicate below and sign to confirm your agreement.

You may discuss my affairs with the following:

Société Générale companies in any jurisdiction

Société Générale companies in the following jurisdictions:

UK

Guernsey

Jersey

Gibraltar

Bahamas

All signatories must sign.

*Account Holder's signature*

*Joint Account Holder's signature*

*Third Account Holder's signature*

*Fourth Account Holder's signature*

## 10. APPLICATION AND DECLARATION

I/we confirm that I/we have read this Account Application and the Bank's Standard Terms and Conditions for the Operation of Personal Accounts.

I/we confirm that the above details are true and correct to the best of my/our knowledge and belief. I/we agree to be bound by the Standard Terms and Conditions as they may be amended and notified to me/us from time to time.

*Account Holder's signature*

*Joint Account Holder's signature*



Date

Date

*Third Account Holder's signature*

*Fourth Account Holder's signature*

Date

Date

**BANK REFERENCE**

Name & Address of your Bank  
The Manager,

Date

Dear Sir,

Re: Account Number

Please accept this letter as my/our authority to provide SG Hambros Bank (Channel Islands) Limited, PO Box 78, SG Hambros House, 18 Esplanade, St Helier, Jersey JE4 8PR with the information they require for their status enquiry.

Please debit my/our above mentioned account with any charges that may be payable for providing this information.

Thank you for your prompt attention to this matter.

Yours faithfully,

*Account Holder's signature*



*Please print name in full*

*Joint Account Holder's signature*

*Please print name in full*

MANDATE AUTHORISING THIRD PARTY TO OPERATE ACCOUNTS

SG Hambros Bank (Channel Islands) Limited, PO Box 78, SG Hambros House, 18 Esplanade, St Helier, Jersey JE4 8PR

Account Holder(s)

We hereby authorise you until such time as I, any one of us shall give you notice to the contrary in writing to consider

Full name of authorised party

Second authorised party (if applicable)

DAVID BENGLIS

(Whose signature appears below) as fully empowered by me, us:

1. To draw cheques on and, or make withdrawals from and, or give instructions to debit my/our said account or accounts.
- \*2. To draw sign accept and endorse bills and/or promissory notes and to arrange terms with you for negotiation or discount of any documents.
- \*3. To withdraw anything held by you by way of security and, or for safe custody collection and, or any other purpose whatsoever on my/our account.
- \*4. To charge pledge and deposit with you any of my/our property upon such terms as you may require to secure repayment to you on demand of all my/our liability(ies) and, or indebtedness to you whether present future actual and, or contingent including interest and other banking charges.
- \*5. Generally to act on my, our behalf in all matters of business with you.

\* (Points 2-5 may be deleted at the option of the Account Holder)

And I/we request you to act on the above instructions and in particular to pay and honour all such cheques bills and, or notes as above mentioned notwithstanding that any such payment may cause my/our said account or accounts to be overdrawn or may increase an existing overdraft.

Specimen signature of the above named

Second authorised party signature

Date

Date

Signature(s) of all Account Holder(s)

NB: References and identification will be required in relation to all authorised parties unless they are otherwise known to the Bank.

## FINANCIAL PLANNING SERVICES

Effective financial planning is the key to the accumulation of your wealth and its protection. We can undertake either a detailed review of all aspects of your finances or, alternatively, focus on individual aspects that are relevant at any particular time.

Our advice is independent which means that we are not tied to any one provider but are able to select the most appropriate products and solutions for you from a wide range available in the marketplace.

If you are interested in finding out more about how we can help you, please indicate in the appropriate boxes below.

### Trusts, Tax and Estate

We are able to provide strategic advice, including where appropriate the use and administration of trusts. These may create effective and efficient solutions to mitigate taxes both onshore and offshore, and with succession planning in mind, preserve wealth for future generations. We would work closely with your existing advisers where necessary, or introduce you to specialists for your preferred scheme.

Services are also offered for corporate clients, with the administration of corporate vehicles and companies. We additionally focus on the administration of charitable trusts, investment funds, employee benefit trusts, and aspects of securitisation. Again, we would work with any existing advisers as necessary.

### Preservation of Wealth and your Will

Successful Will planning, which may involve the use of trusts, has a wide range of benefits that can ensure both protection and long-term preservation of your wealth. Therefore, if you have not made a Will, or just as importantly, if your Will is not up-to-date, we can provide advice and a drafting service to ensure that your objectives and wishes are fulfilled.

In addition, our local associate Company can act as Executors and Trustees under a Will or provide professional support to individuals acting in this capacity.

### Retirement Planning

This is an increasingly complex area of personal financial planning and one that requires careful consideration and attention. We can provide comprehensive advice to assist you in making appropriate arrangements to secure your financial well-being in retirement.

### Insurance-related Services

Have you made full provision for the insurance of your own health and that of your family?

Do you have full cover for your property and possessions?

Do you wish to provide for the possibility of an inability to work caused by redundancy, critical illness or long-term disability?

Would you value a full appraisal of business insurance needs?

Would you value assistance with the planning and provision of school fees for your children or grandchildren?

VISA GOLD DEBIT CARD APPLICATION FORM. To be completed by each Account Holder. Please use BLOCK CAPITALS.  
To: SG Hambros Bank (Channel Islands) Limited, PO Box 78, SG Hambros House, 18 Esplanade, St Helier, Jersey JE4 8PR

**CARDHOLDER DETAILS**

NB: All cardholders to supply a specimen signature and colour passport quality photograph against a light background (see next page) which will be passed to VISA for, respectively, security purposes and for affixing to the card.

**1. PRIMARY CARDHOLDER DETAILS**

Surname **GOLDBLUM**

Title

**MRS**

First name

Other initials

**REEVA**

Name as you wish it to appear on your card, using no more than 26 letters and spaces

**REEVA GOLDBLUM**

Account number

Card currency (tick one):

Sterling

Dollar

Euro

Date of birth

Mother's maiden name (for security purposes)

[REDACTED]

Contact telephone number (business)

Contact telephone number (home)

**27.11.72 81930**

Address (if you do not wish your address to be made available to the Visa System, for confidentiality reasons, please state 'C/O' SG Hambros Bank (Channel Islands) Limited, PO Box 78, SG Hambros House, 18 Esplanade, St Helier, Jersey JE4 8PR. Please note that this may cause problems when using the card for post or telephone orders as the merchant generally needs to confirm the Visa recorded address before dispatching goods)

**c/o S.G Hambros Bank.**

In order to benefit fully from the services available with your SG Hambros Visa Gold Debit Card, you will need a Personal Identification Number.

Do you wish to receive one? yes ☒ no

**2. SECONDARY CARDHOLDER DETAILS**

Surname

Title

First name

Other initials

Name as you wish it to appear on your card, using no more than 26 letters and spaces

Date of birth

Contact telephone number (business)

Contact telephone number (home)

In order to benefit fully from the services available with your SG Hambros Visa Gold Debit Card, you will need a Personal Identification Number.

Do you wish to receive one? yes no

Please note that as the secondary cardholder, you will need to quote the mother's maiden name of the Primary Cardholder for security purposes.

**3. DECLARATION**

I/We apply for an SG Hambros Visa Gold Debit Card and PIN number (if applicable) to be issued to me/us.  
I/We agree to be bound by the terms and conditions set out overleaf, as varied by the Bank from time to time.  
Any such variations will be in writing and subject to reasonable notice.

Primary Cardholder

Secondary Cardholder

Date

Date

**FOR BANK USE ONLY**

PRIN: 2

SORT CODE: 40-48-76

MAIL CODE: 000

SELECTION: 02 03

CHECK:

LIMIT:

ACCOUNT:

SG Hambros Bank (Channel Islands) Limited, PO Box 78, SG Hambros House, 18 Esplanade, St Helier, Jersey JE4 8PR

**FOR BANK USE ONLY**

Number:

Bar:

**PRIMARY CARDHOLDER**

*Primary Cardholder's signature*



Please ensure that your signature  
remains within the white box

Date

4.11.2005



*Please fold along the dotted line*

---

**FOR BANK USE ONLY**

Number:

Bar:

**SECONDARY CARDHOLDER**

*Secondary Cardholder's signature*

Please ensure that your signature  
remains within the white box

Date

Affix colour photograph of  
Secondary Cardholder here

Name: **REVA GOLDBLUM**  
Client Number: **148199**  
Private Banker: **ANTHONY HOLLEY**

Client No.	1	4	8	1	9	9	
Cabinet	PER						
Doc Type	AGR						
Doc Date	27/09/07						
Pages (if more than one)	7 (Both sides) + 2 (single sides)						

SG Hambros

SG Hambros provides a comprehensive range of investment services. Your private banker will need to gain a full understanding of your financial affairs, investment objectives and attitude to risk so that a portfolio of investments can be constructed to meet your specific requirements.

SG Hambros uses a system called 'Wealth Solutions' to assist in understanding and analysing your investment objectives and attitude to risk, and in producing investment recommendations for your portfolio. As part of the profiling process you will be asked to complete a comprehensive Wealth Solutions Questionnaire with your private banker. This will be used to generate your strategic asset allocation report. Your private banker will review this report with you to ensure that it accurately reflects your investment objectives and risk profile. This report will then be used as the basis for your investment profile (see page 4) which sets out the details of how your assets will be invested, including your chosen investment strategy (see page 3), if applicable.

This profiling will be carried out when you first open an investment services account (excluding execution services) with SG Hambros and will be reviewed with you on a regular basis to ensure your investment profile is kept up to date. It is, however, your responsibility to inform us in writing of any changes to your financial affairs, investment objectives or attitude to risk.

As part of the process of agreeing your investment profile, you will need to decide how involved you would like to be in the management of your portfolio. SG Hambros offers either managed (discretionary or non-discretionary) or non-managed (advisory or execution only) investment services. You may choose to use different services for different parts of your portfolio of investments. Separate accounts will need to be opened for each service selected.

You will appoint SG Hambros to manage your cash and investments on either a managed or a non-managed basis in accordance with the terms of your agreed asset allocation report and investment profile. Our relationship with you will be governed by the terms of this Investment Services Questionnaire and our Investment Services Terms of Business.

**Please note that the investment services offered by SG Hambros do not include the provision of financial planning services. If you require such services, please speak to your private banker.**

## Our Services

### Managed Investment Services

Our managed investment services are designed to provide a full investment service for those assets that you do not wish to manage on a day-to-day basis yourself. All cash and investments we manage for you will be held either by ourselves or by our appointed agents.

#### Discretionary Managed Service

Your portfolio will be actively managed, and we can change the investments within your portfolio to reflect our current market views. You authorise us to exercise our absolute discretion in the management of your cash and investments, with power to enter into any agreement about your account without further reference to you.

#### Non-Discretionary Managed Service

The services described in the discretionary managed service section above are also available under a non-discretionary advisory mandate. Our recommendations on the sale or purchase of investments will be given to you within the guidelines and general policy agreed between us from time to time based on your strategic asset allocation report and investment profile, but no transactions will be entered into without your express authorisation. You may issue instructions to us at any time by letter, fax, email or telephone. However, we reserve the right to discuss these with you before acting upon them.

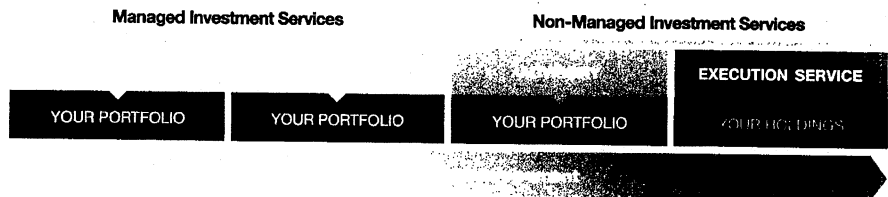
### Non-Managed Investment Services

#### Advisory Service

This service may be suitable for you if you recognise the advantage of receiving advice from time to time but wish to make your own investment decisions. You appoint us to provide you with investment advice on an ad hoc basis. This advice **may not** have regard to the ongoing composition of your portfolio or any taxation issues that may arise from your investment decisions. We will not take any responsibility for the ongoing management of your portfolio under this service.

#### Execution Service

We are able to act on an execution-only basis for you. We will only execute a transaction on your behalf once we have received specific instructions from you to do so. We will not provide any advice on the merits of such transactions.



## Investment Strategies for Managed Portfolios

As part of the managed investment services, SG Hambros provides investment strategies designed to meet the different investment objectives and, most importantly, the different risk profiles of our clients. Your overall investment objectives, which will be set out in your strategic asset allocation report, together with our views of the markets, will determine which investment strategy we recommend for you. Details of your investment strategy will be contained in your investment profile.

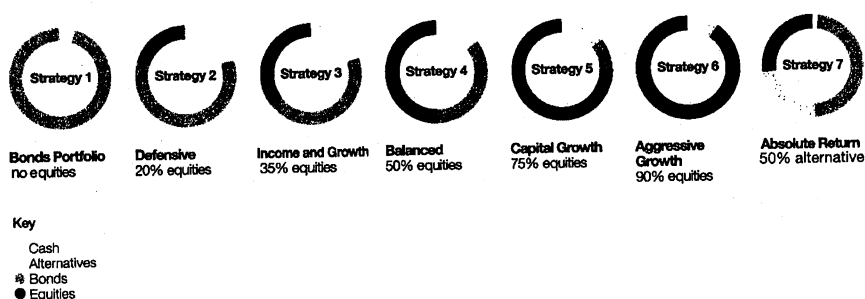
### Benchmark Asset Allocation for Our Investment Strategies

The diagrams below set out the current benchmark asset allocation for each investment strategy. Your private banker will discuss these with you in detail.

**N.B.** The asset allocations shown in the diagrams below are indicative only and reflect the standard positions for each investment strategy. Deviations from the benchmark asset allocation will occur as a result of specific investment decisions or prevailing market and economic conditions. However, any such deviations will be designed to keep the portfolio risk consistent with your stated risk profile.

We reserve the right to change the benchmark asset allocation of a specific strategy as long as the risk attached to the revised investment strategy remains consistent with your overall objectives.

Larger portfolios may require a more bespoke approach that involves placing constraints on certain asset classes depending on individual requirements. Therefore, in addition to our investment strategies, we can offer individually tailored investment solutions that can exclude certain markets or sectors or we can provide guaranteed capital protection for investors averse to risk.



## Part 1 Investment Profile

Please complete in **BLACK INK** and **BLOCK CAPITALS**.

### Investment Service Selection

Please tick one or more of the boxes relating to the service(s) you require:

#### MANAGED INVESTMENT SERVICES

#### NON-MANAGED INVESTMENT SERVICES

● EXECUTION ONLY

Please complete Section 1a

Please complete Section 1b

Please complete Section 1c

Mandate Allocation (excluding Execution Services)

Currency:

Investment total:

Of which:

Managed Investment Services:

Discretionary (Section 1a)

Amount:

Non-Discretionary (Section 1b)

Amount:

Non-Managed Investment Services

Advisory (Section 1c)

Amount:

Strategy Type

Base Currency Portfolio

Strategy 1: Bonds

GBP\*

EUR

USD

Other

Strategy 2: Defensive

Strategy 3: Income and Growth

Strategy 4: Balanced

Strategy 5: Capital Growth

Strategy 6: Aggressive Growth

Strategy 7: Absolute Return

Bespoke Strategies

Date:

Ref:

Services Required

For both Strategy 7: Absolute Return, and Bespoke Strategies, a minimum investment of £1 million or currency equivalent is required.

Funds-based Portfolio

Direct PLUS Portfolio\*\* (minimum £750k or equivalent)

Bespoke Portfolio (minimum £1 million or equivalent)

\*If you selected GBP, please choose one of the following:

Domestic (may result in a higher exposure of UK equities within your chosen strategy)

International (higher international equity exposure than within the domestic option)

†We require UK Capital Gains Tax reporting (clients of SG Hambros only)

\*\*Direct PLUS Portfolio includes the use of direct investments into individual stocks and bonds as appropriate.

Strategy Type

- Strategy 1: Bonds
- Strategy 2: Defensive
- Strategy 3: Income and Growth
- Strategy 4: Balanced
- Strategy 5: Capital Growth
- Strategy 6: Aggressive Growth
- Strategy 7: Absolute Return
- Bespoke Strategies

Date:

Ref:

For both Strategy 7: Absolute Return, and Bespoke Strategies, a minimum investment of £1 million or currency equivalent is required.

\*\*Direct PLUS Portfolio includes the use of direct investments into individual stocks and bonds as appropriate.

Base Currency Portfolio

GBP

EUR

USD

Other

\*If you selected GBP, please choose one of the following:

Domestic (may result in a higher exposure of UK equities within your chosen strategy)

International (higher international equity exposure than within the domestic option)

(We require UK Capital Gains Tax Reporting (Clients of SG Hambros Bank Limited only)

Services Required

Funds-based Portfolio

Direct PLUS Portfolio\*\* (minimum £750k or equivalent)

Bespoke Portfolio (minimum £1 million or equivalent)

Base Currency

GBP

EUR

☒ USD

Other

~~(We require UK Capital Gains Tax reporting (clients of SG Hambros only)~~

Special Instructions/Additional Information

Include investment restrictions as discussed with your private banker

## Derivatives Risk Warning

SG Hambros reserves the right to use derivative products, including transactions in futures, options and warrants, uncovered options sales and contracts for differences, in your portfolio in accordance with your asset allocation report and investment profile. For low-risk portfolios, the use of such products will be primarily for hedging purposes. With regard to these products, you will or may be liable to make further payments including margin calls (other than charges, and whether or not secured by margin payments) when the transaction fails to be completed or upon the earlier closing of the position.

**Please sign below to confirm that you have reviewed and accept the contents of the 'Warrants and Derivatives Risk Warnings' set out in Clause 31 of the Investment Services Terms of Business.\***

\*For customers of SG Hambros Bank & Trust (Bahamas) Limited, please refer to Clause 24 of the Investment Services Terms of Business.

Main Account Holder/Authorised Signatory

Joint Account Holder/Authorised Signatory (if applicable)

Signature

Signature

Date

Date

## Valuations/Custody Statements

Valuations are performed on the basis of the mid-market closing prices in the market appropriate to the holding and the exchange rates at the close, either for the day of valuation or for the latest preceding dealing day.

We are under no obligation to provide you with any measure of portfolio performance although we will do this on a regular basis if agreed between us.

Custody statements, listing those investments held by SG Hambros on your behalf, will be provided on an annual basis or as requested by you in writing.

### Managed Investment Services

You will receive a valuation on a quarterly basis, as at 31 March, 30 June, 30 September and 31 December, or in accordance with applicable regulatory requirements. Additional valuations can be provided but may be subject to an additional charge.

### Non-Managed Investment Services

Valuations will be provided in accordance with applicable regulatory requirements. Additional valuations can be provided but may be subject to an additional charge.

## Communications

We may from time to time make unsolicited telephone calls to you, but will do so only where we judge this to be in your best interests and to be in accordance with the applicable regulatory requirements. Under normal circumstances we will not contact you where we provide a discretionary managed service, but we would expect to contact you from time to time as part of either the non-discretionary managed service or the advisory service. We will not contact you before 9 a.m. or after 9 p.m. (local time) or on Sundays, unless we have specifically agreed otherwise with you.

Please tick if you want us to contact you outside these times.

Please tick if you do not want us to contact you.

## Payments

Please indicate how income payments (e.g. dividends or interest) due to you should be treated, in the absence of alternative instructions:

Retain in portfolio

Transfer to SG Hambros bank account (bank details required)

## Mandate Authorising a Third Party to Give Dealing Instructions

### \* To SG Hambros

Name of Main Account Holder/Authorised Signatory

Address of Main Account Holder/Authorised Signatory

I/We the account holder(s) hereby authorise you until such time as I/we shall give you notice to the contrary in writing to consider

Third Party Authorised to Give Dealing Instructions

Address of Third Party Authorised to Give Dealing Instructions

Name

Name

Address

Address

Postcode

Postcode

(whose signature(s) appear(s) below) as fully empowered by me/us to give dealing instructions in relation to any investment and in respect of any corporate actions.

Signature

Signature

Date

Date

**N.B.** We require identification documentation, as detailed on page 1 of the Banking Services Questionnaire, for all authorised persons prior to any instructions being taken unless they have been previously supplied to us.

## Investment Risk Profile

This section should only be completed where it has been agreed with the client that they will **NOT** complete a Wealth Solutions Questionnaire.

### Reason for non-completion of Wealth Solutions Questionnaire:

Please select one of the options below to indicate which profile generally represents your attitude to risk.

#### Low Risk

You are prepared to accept the possibility of some fall in the value of your investments in exchange for potential growth of both capital and income in the future.

You wish to hold most of your investments in the form of cash deposits and fixed-interest securities, but may be prepared to hold some equity-based investments, alternative investments and structured products.

Derivatives may be held for hedging purposes and to reduce the level of risk of the portfolio. You are aware that currency fluctuations may also affect the value of your investments.

#### Medium Risk

You are prepared to accept the possibility of a fall in the value of your investments in exchange for the potentially higher growth of both capital and income than you could normally expect from cash deposits and fixed-interest securities.

To provide diversification, cash and fixed-interest investments, structured products, alternative investments and equities may be held.

Derivatives may be held for hedging purposes and to reduce the level of risk of the portfolio. You are aware that currency fluctuations may also affect the value of your investments.

#### High Risk

Long-term growth is your main priority and you are prepared to accept a high degree of fluctuation in your capital.

You are prepared to accept short-term falls in the value of your investments in exchange for the potentially higher increases in value to be expected from investing a large proportion of capital in equities.

The portfolio may also hold alternative investments, structured products and other derivative-based products for hedging purposes and to reduce the level of risk of the portfolio.

You are aware that currency fluctuations may also affect the value of your investments.

## Investment Account Declaration

### By signing this declaration:

- I/We confirm that I/we have read and understood this Investment Services Questionnaire;
- I/We acknowledge that the investment services offered by SG Hambros do not include the provision of financial planning services;
- I/We confirm that all the details provided by me/us in this Investment Services Questionnaire are true and correct to the best of my/our knowledge and belief;
- I/We acknowledge receipt of the SG Hambros Investment Services Terms of Business and the strategic asset allocation report, and/or the investment proposal related to the bespoke portfolio, if applicable, and confirm that I/we have read and understood them and agree to be bound by them as they may be amended from time to time;
- I/We acknowledge that I/we have been provided with a schedule of the standard scale of charges.

Main Account Holder/Authorised Signatory 1

Signature

Please print name in full

Date

Account Holder/Authorised Signatory 3

Signature

Please print name in full

Date

Joint Account Holder/Authorised Signatory (if applicable)

Signature

Please print name in full

Date

Account Holder/Authorised Signatory 4

Signature

Please print name in full

Date

N.B. Identification documentation will be required for each joint account holder.

## Part 2 Declaration of Status

### US Withholding Tax - Declaration of Status (to be completed by all parties to the account)

All clients are required to complete a Declaration of Status to confirm that they are not a 'US Person' in the eyes of the US Internal Revenue Service (IRS). If you answer 'No' to all the following questions, you must complete an IRS W-8BEN form, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, confirming your non-US status.

If you answer 'Yes' to any of the following questions, we will have to consider you as a 'US Person' for IRS tax purposes. We will then explain the specific rules that apply to your situation and the options available to you. This will include the completion of an IRS W-9 form, Request for Taxpayer Identification Number and Certification.

**N.B.** Where there are more than two parties to a joint account, each party must complete a separate Declaration of Status. A separate W-8BEN form must be completed by each party to the account.

Main Account Holder

Joint Account Holder (if applicable)

Please print name in full

Please print name in full

Account Number

Account Number

In connection with the requirements of the United States Withholding Tax Regulations, and in order to enable SG Hambros to correctly determine the status and qualification of the account holder(s) as either a 'non-US Person' or a 'US Person' under the Regulations, I/we the account holder(s) hereby confirm the following declarations to SG Hambros:

### Non-US Person Declaration

With regard to your account(s) with us, we request you tick the appropriate options below:

Main Account Holder

Joint Account Holder  
(if applicable)

Are you a US citizen? (Sole or dual citizenship, of which one is US citizenship)

Yes

No

Yes

No

Are you a US resident alien? (Lawful permanent resident, e.g. 'green card holder' or substantial physical presence in the United States in the current and previous two years)

Yes

No

Yes

No

Are you a US taxpayer for any other reason? (e.g. dual resident, spouse filing jointly, rescinding US citizenship of long-term residency)

Yes

No

Yes

No

### Beneficial Ownership

I/We hereby declare that I am/we are the beneficial owner(s) of the assets and income to which this form relates.

### Change of Circumstance in Status as a Non-US Person

I/We undertake to notify SG Hambros if my/our status as (a) 'non-US Person(s)' changes to the status of (a) 'US Person(s)'.

Main Account Holder

Joint Account Holder (if applicable)

Signature

Signature

Date

Date

# Form W-8BEN

## Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding To be completed by all non-US persons

Department of the Treasury Internal Revenue Service

### Do not use this form for:

- A US citizen or other US person, including a resident alien individual
  - A person claiming that income is effectively connected with the conduct of a trade or business in the United States
  - A foreign partnership, a foreign simple trust, or a foreign grantor trust
  - A foreign government, international organisation, foreign central bank of issue, foreign tax-exempt organisation, foreign private foundation, or government of a US possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b)
- Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- A person acting as an intermediary

Instead, use Form:

W-9

W-8ECI

W-8ECI or W-8IMY

W-8ECI or W-8EXP

W-8IMY

## PART I Identification of Beneficial Owner

1 Name of individual or organisation that is the beneficial owner

2 Country of incorporation or organisation

3 Type of beneficial owner

Individual	Corporation	Disregarded entity	Partnership	Simple trust
Grantor trust	Complex trust	Estate	Government	International organisation
Central bank of issue	Tax-exempt organisation	Private foundation		

4 Permanent residence address (street, apt. or suite no., or rural route)  
Do not use a PO Box or in-care-of address

City or town, state or province  
Include postal code where appropriate

Country (do not abbreviate)

5 Mailing address (if different from above)

City or town, state or province  
Include postal code where appropriate

Country (do not abbreviate)

6 US taxpayer identification number,  
if required

SSN or ITIN

EIN

7 Foreign tax identifying number, if any (optional)

8 Reference number(s)

continued overleaf

## Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a The beneficial owner is a resident of .....within the meaning of the income tax treaty between the United States and that country.
- b If required, the US taxpayer identification number is stated on line 6.
- c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits.
- d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a US trade or business of a foreign corporation, and meets qualified resident status.
- e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 **Special rates and conditions** (if applicable): The beneficial owner is claiming the provisions of Article..... of the treaty identified on line 9a above to claim a ..... % rate of withholding on (specify type of income): ..... Explain the reasons the beneficial owner meets the terms of the treaty article: .....

## Part III Notional Principal Contracts

- 11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

## Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

I am the beneficial owner (or am authorised to sign for the beneficial owner) of all the income to which this form relates;

The beneficial owner is not a US person;

The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income; **and**

For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorise this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign here

Signature of beneficial owner  
(or individual authorised to sign for beneficial owner)

Date

Capacity in which acting

**Execution Portfolio Opening Form  
for C I**

This form must be completed in full before a portfolio can be opened - please allow 2 days for set up

Client Name	<u>Reeva Goldblum</u>		
Root Number	<u>148199</u>	Portfolio Number	<u>148199</u>
Client Type	<div style="border: 1px solid black; padding: 2px;">P PRIVATE</div>	Manager Type	<div style="border: 1px solid black; height: 20px;"></div>
Manager 1	<u>2024</u>	Manager 2	<u>2024</u>
Status Rating	<div style="border: 1px solid black; padding: 2px;">008 manual</div>	Base Ccy	<div style="border: 1px solid black; padding: 2px;">USD 840</div>

Country of  
residence for  
tax purposes

(must coincide with the  
Olympic status for

\* EUSTD) Israel SN4637

\* Country of domicile Israel

\* If the client is resident in the UK but not domiciled in the UK - the default position, in the absence of an explicit written request from the client, is that there should be no UK situs assets held in the portfolio.

**1) Is Nominee Designation required?**

select

YES

- 1.1) If yes Nominee agreement must be sent to client for completion by CRO / PM
- 1.2) If No, no further action is required

**2) Will client be dealing in US Withholding Tax Reportable Securities**

select

YES

- 2.1) If No, no further action is required
- 2.2) If Yes, the appropriate form must be forwarded to client for completion by CRM (ie W8-Ben, W9 etc)
- US Taxation code should be set up as**

119

**3) Default accounts**

(CARE - The accounts specified below set the default accounts for our various transaction types therefore unless we are otherwise instructed at the point of transaction all items will default to the account(s) specified below e.g. all purchase and sales will default to the capital a/c and all dividends will default to the income a/c

3.1)	<b>Capital</b>	Root Number	<u>148199</u>	Rubric	<div style="border: 1px solid black; padding: 2px;">Capital GBP</div>
	<b>Interest</b>	This must be the same as the account number quoted in "Capital" above			
	<b>Income</b>	Root Number	<u>148199</u>	Rubric	<div style="border: 1px solid black; padding: 2px;">Income 006.7</div>
	<b>Cost</b>	Root Number	<u>148199</u>	Rubric	<div style="border: 1px solid black; padding: 2px;">Income 006.7</div>

**4) Settlement Charges (including Agents settlement Charges)**

Please take settlement charges on the following basis

select

Take settlement / agents charges as fol

**Execution Portfolio Opening Form  
for C I**

**5) Dividend Options**

- 5.1) All dividends are to be taken in - select Cash
- 5.2) If "STOCK" option is taken - pls add the below note under the Memo Function (Line 220 and use D)  
Any problems contact Tracey Gibbs or John Mc Connell in Gsy  
(220 D DIVIDENDS) - PLEASE TAKE STOCK ON ALL DIVIDENDS
- 5.3) If "CASH" option is taken please select one of the select 5.3.1
- 5.3.1) Please credit all divs to the INCOME account specified above
- 5.3.2) Please credit all dividends to client account held in currency of receipt  
NB Please be aware that where a currency a/c is not open  
the dividend will be credited to the income account specified above

**6) Other numbering (22)-120 & 121**

Start date / todays date \_\_\_\_\_

**7) SGHBT(G)L Safe Custody Fees**

Please select one of the following options

select

7.1

- 7.1) Please take the standard charges of £80 per line per annum subject to a minimum of £200 per annum  
NB Please note these charges will automatically be debited to the "COST" account specified above
- 7.2) Please take custody charges on the following basis; (bespoke fees pls ref.to John McConnell or Helen Batiste in Gsy)

**8) Investment Management Agreement**

Type

ADVISORY - NON MANAGED.

**9) Valuation / Asset List Requirements**

Please set up to receive adhoc Triple A valuations when required

**10) Client notes (BN screen)**

**and constraints for Triple A /  
caution notes to be added**

e.g NO UK Situs Assets, etc.

Completed by Philip Chambers

*Philip Chambers*

Dated

26 September 2007

Jsy

Jersey-General

Gsy

Gsy-Middle office

Private Clients

## Client Services Questionnaire

148199

perm  
man

9/2/12

40

Hambros



**SOCIÉTÉ GÉNÉRALE**  
Private Banking

## Document Guide

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## Appendix

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## Client Services Questionnaire

Please complete this questionnaire in **BLACK INK** and **BLOCK CAPITALS**.

Name	MRS Reeva Goldblum & ME David Bergs
Private Banker	Anthony Holley

### **The Societe Generale Private Banking Hambros Group of Companies**

Throughout this Client Services Questionnaire, all references to SGPB Hambros shall be construed as references to the SGPB Hambros entity that will provide you with the particular client service you have selected.

#### **UK**

SG Hambros Bank Limited  
Norfolk House, 31 St James's Square  
London SW1Y 4JR

#### **Jersey**

SG Hambros Bank (Channel Islands) Limited  
PO Box 78, SG Hambros House  
18 Esplanade, St Helier  
Jersey JE4 8PR

#### **Guernsey**

SG Hambros Bank (Channel Islands) Limited  
Guernsey Branch  
PO Box 6, Hambro House  
St Julian's Avenue, St Peter Port  
Guernsey GY1 3AE

#### **Gibraltar**

SG Hambros Bank (Gibraltar) Limited  
PO Box 375, Hambro House  
32 Line Wall Road, Gibraltar

## Your Objectives

This section is to help assess the types of service that SGPB Hambros offers which may be of interest to you.

### Objectives

- |   |                                     |
|---|-------------------------------------|
| Banking   | <input checked="" type="checkbox"/> |
| Finance a property purchase or other project                      | <input type="checkbox"/>            |
| Execution and dealing services                                    | <input checked="" type="checkbox"/> |
| Maximise income on investments                                    | <input type="checkbox"/>            |
| Build up funds for longer term objectives                         | <input type="checkbox"/>            |
| Provide for retirement  | <input type="checkbox"/>            |
| Provide for cost of education                                     | <input type="checkbox"/>            |
| Financial protection in the event of death, illness or disability | <input type="checkbox"/>            |
| Reduce taxation   | <input type="checkbox"/>            |
| Estate & succession planning                                      | <input type="checkbox"/>            |
| Move abroad   | <input type="checkbox"/>            |
| Philanthropy  | <input type="checkbox"/>            |
| Make a will   | <input type="checkbox"/>            |
| Art advisory services   | <input type="checkbox"/>            |
| Other (please specify)  | <input type="checkbox"/>            |

## About You

N.B. For additional joint account holders, please use an additional form.

	Account Holder	Joint Account Holder (if applicable)
Surname	GOLOBLUM	Bengis
Forename(s)	REEVA	DAVID
Former name: e.g. maiden name/former married name/any previous name(s)		
Title (Mr/Mrs/Ms/Miss/Dr/Other)	MRS	MR
Date of birth		
Town and country of birth	SOUTH AFRICA	SOUTH AFRICA
Marital status		
Nationality	SOUTH AFRICAN	SOUTH AFRICA
Passport/identity card number		
Issuing authority of the passport		
Country of residence in respect of worldwide taxes	ISRAEL	
Domicile (if different)	SOUTH AFRICA	
National Insurance Number		
Tax office and reference number		

Contact details	Account Holder	Joint Account Holder (if applicable)
Telephone (home)	0097225333243	
Telephone (business)		
Telephone (mobile)	0097225340953	07810444116
Facsimile		
Email address		

Address	Account Holder	Joint Account Holder (if applicable)
Permanent residential address		
	Postcode ISRAEL	Postcode
Owned/rented/(other _____)		
Length of time at this address		

## About You continued

Address continued	Account Holder	Joint Account Holder (if applicable)
If less than two years, state previous address	Postcode	Postcode
Correspondence address (if different)	Postcode	Postcode
Reason for separate mailing address		
Do you have a residential address in the US?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Dependants	Account Holder	Joint Account Holder (if applicable)
Do you have any dependants?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/date of birth/relationship		

Details of your principal bankers	Account Holder	Joint Account Holder (if applicable)
Name of account holder		
Name and address of bank	Postcode	Postcode

Employment Details	Account Holder	Joint Account Holder (if applicable)
Employment details (please tick)	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/>	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/>
Please provide details including occupation (current or previously held if retired), employer and sector		
Directorships held or significant shareholdings		

## About You continued

Income and Expenditure	Account Holder	Joint Account Holder (if applicable)
Gross annual income from employment (please state currency) If self-employed, state business profits		
Basic salary/drawings per annum		
Amount and source of other annual income (e.g. dividends, pensions, rental income)		
Estimated annual expenditure		

## Estimated Net Worth (please state currency)

Assets	Account Holder	Joint Account Holder (if applicable)
Main residential property		
Cash (e.g. current a/c etc.)		
Savings (e.g. long term deposits etc.)		
Discretionary managed portfolios		
Advisory managed portfolios		
Directly held equities (no management)		
Alternative investments incl. hedge funds		
Insurance company bonds		
Investment property incl. buy to let, holiday homes, commercial property		
Other assets		
Total assets		

## About You continued

Liabilities	Account Holder	Joint Account Holder (if applicable)
Mortgage(s)		
Tax		
Other (e.g. guarantees)		
<b>Total liabilities</b>		

Wealth Summary	Account Holder	Joint Account Holder (if applicable)
A. Total Net Worth (Assets – Liabilities)		
B. Main residential property		
Net Investment Wealth (A-B)		

Source of Wealth	Account Holder	Joint Account Holder (if applicable)
Please provide a full description, e.g. sale of business, trading profits, retained income, inheritance, country etc.		
Are there any anticipated changes in your circumstances?		

Other Information	Account Holder	Joint Account Holder (if applicable)
Pension protection products, insurance policies, health issues/concerns etc.		

## Banking Services

### Your Bank Account Details

Type of account required	Individual <input type="checkbox"/> Joint <input type="checkbox"/>
Which entity do you wish to provide the service?	Gibraltar <input type="checkbox"/> Guernsey <input type="checkbox"/> Jersey <input type="checkbox"/> UK <input type="checkbox"/>
Title of account (e.g. household a/c, bill a/c etc.)	
Currency of account (multiple possible)	GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> CHF <input type="checkbox"/> Other <input type="checkbox"/> _____
Do you require segregated income and capital accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Bank Account Activity

Purpose of the account	
Estimated frequency of transactions	
Estimated value range of transactions	
Source of account opening funds	

### Payments/Deposits

If you are likely to require SGPB Hambros to make or receive any regular payments, please provide details of the estimated frequency, source and destination countries, and of the expected beneficiary or remitter. (Please do not include Direct Debits or Standing Orders)	<b>Incoming</b>	<b>Outgoing</b>

**Banking Services** (Additional Bank Account if required)**Your Bank Account Details**

Type of account required	Individual <input type="checkbox"/>	Joint <input type="checkbox"/>
Which entity do you wish to provide the service?	Gibraltar <input type="checkbox"/>	Guernsey <input type="checkbox"/> Jersey <input type="checkbox"/> UK <input type="checkbox"/>
Title of account (e.g. household a/c, bill a/c etc.)		
Currency of account (multiple possible)	GBP <input type="checkbox"/>	USD <input type="checkbox"/> EUR <input type="checkbox"/> CHF <input type="checkbox"/> Other <input type="checkbox"/>
Do you require segregated income and capital accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Bank Account Activity**

Purpose of the account	
Estimated frequency of transactions	
Estimated value range of transactions	
Source of account opening funds	

**Payments/Deposits**

If you are likely to require SGPB Hambros to make or receive any regular payments, please provide details of the estimated frequency, source and destination countries, and of the expected beneficiary or remitter. (Please do not include Direct Debits or Standing Orders)	<b>Incoming</b>	<b>Outgoing</b>

## Your Investment Profile

This section is to define your investment profile in terms of your knowledge, experience, investment aims and objectives, attitude to risk and return expectations.

### Knowledge and Experience of Financial Investments

It is important that SGPB Hambros understands your level of knowledge regarding financial markets and investing. The following questions aim to provide us with a general understanding of your experience, objectives and attitude to risk.

Please select the option below that best describes you:

I have little or no understanding of financial markets and investing ☐

I have a general understanding of financial markets and investing ☐

I have a very good understanding of financial markets and investing ☐

On what basis do you typically invest? Discretionary ☐ Advisory ☐ Execution only ☐ Never previously invested ☐

The following questions help us to assess your level of knowledge on different types of financial investment products and provide an indication of the types of investment products you would like to invest in:

Do you have a good knowledge of the following products, particularly of the returns and the level of risks that are associated with them?	Have you previously held these types of investment?			Are you interested in:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>	
Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
Equities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Collective Investment Schemes</b>					
- Mutual Funds/OEICs/Unit Trusts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
- ETFs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
- Investment Trusts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
- Property Funds/REITs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
- Commodity Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
- Private Equity Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
- Hedge Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
Structured Products	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
FX Trading	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
Options/Futures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>
Warrants	Yes <input type="checkbox"/> No <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Frequently <input type="checkbox"/>	Yes <input type="checkbox"/>

If you require further guidance regarding the above please contact your Private Banker.

## Your Investment Profile continued

### Investment Aims and Objectives

The following questions are designed to help us to better understand your investment aims and objectives:

How much do you want to initially invest?	
What percentage is this of your net investment wealth? (excluding main residential property)	_____ %
Over what time period are you seeking to invest?	Less than 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or greater <input type="checkbox"/> I have a specific time frame (Please specify) <input type="checkbox"/> _____
During the above time period, do you have a known capital requirement that we should take into consideration when providing you with investment advice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide further details	
Do you require your investments to produce a specific level of regular income?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide further details	
What frequency of contact would you like from SGPB Hambros in relation to your investments?	Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> _____

**SGPB Hambros Visa Debit Card**

To be completed by each account holder who requires an SGPB Hambros Visa Debit card. Please complete in BLOCK CAPITALS.

**Cardholder's Details**

Surname

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Forename(s)

Other initials

Name as you wish it to appear on the card (26 letter maximum per line, including spaces)

Name of account

Account number

Card currency (select one)

Sterling ☐USD ☐EUR ☐CAD ☐

Date of birth

Telephone (business)

Telephone (mobile)

Telephone (home)

Email address

Address

Postcode

**Declaration**

I wish to apply for an SGPB Hambros Direct Visa Debit card

☐

I agree to be bound by the Terms of Business as may be varied by SGPB Hambros from time to time

☐

Cardholder's signature

Date

**INTERNAL USE ONLY**

Limit

Authorised by CRM

Print name

## Declaration

---

SGPB Hambros would like to draw your attention to the following in relation to the products and services that will be provided to you through opening accounts with SGPB Hambros.

### Terms and Conditions

You should be aware that your relationship with SGPB Hambros will be governed by and is subject to this Client Services Questionnaire and our Terms of Business. The Terms of Business should be read in conjunction with this Client Services Questionnaire.

### Joint Accounts

This section MUST be completed for all joint accounts

Where an account is in joint names or valuable items have been deposited with SGPB Hambros for safe keeping, SGPB Hambros will act on all instructions relating to such account(s) or valuable items given by:

- Any account holder acting alone; or ☐
  - All account holders acting together; or ☐
  - The following specified number of account holders acting together, ☐
- 
- 
- 
- 

until SGPB Hambros receives notice in writing to the contrary signed in accordance with the above instructions.

### Confidentiality and Marketing

It is important that you read and understand the conditions in the Terms of Business headed 'Confidentiality and Data Protection' and 'Credit Reference Agencies' which explain how SGPB Hambros will deal with your confidential information.

SGPB Hambros may, from time to time, use details about you, including your contact details, to allow us to market certain services provided by the Societe Generale Group or selected third parties which we believe may be of interest to you.

Please tick if you **DO NOT** wish to receive such marketing information ☐

### Consumer Credit

In accordance with consumer credit regulations (where applicable), signature of this declaration by you will be treated as a notice authorising us to send only one copy of any periodic account statement to the person named first in Part 2 of the Client Services Questionnaire at the address given to us from time to time.

### Monitoring of Telephone Calls

As further explained in the Terms of Business, all telephone conversations with us (and any help desk established in connection with the 'Private e-Banking Service') may be monitored and/or recorded without use of a warning tone with a view to improving our service to you and to protect both you and us and to help establish facts.

## Declaration continued

## Copy Correspondence

Please provide details of where copy correspondence should be sent. Please also state the capacity in which the recipient will be receiving the copy correspondence (e.g. as your lawyer/accountant) and tick the type of documentation to be provided.

<b>Addressee 1</b>		<b>Copy Correspondence</b>	
Name	DAVID BENGIS	Bank Account	<input type="checkbox"/>
Capacity		Statements	<input checked="" type="checkbox"/>
Address	[REDACTED] Ave LONDON [REDACTED] Postcode UK-	Deposit advices	<input type="checkbox"/>
		<b>Investment Account</b>	<input type="checkbox"/>
		Contract notes	<input type="checkbox"/>
		Statements	<input type="checkbox"/>
		Valuations	<input type="checkbox"/>
		CGT packages	<input type="checkbox"/>

## Requests for Information

You agree that SGPB Hambros may give the following people any information requested in writing by them in relation to your account(s) (tick where appropriate):

<b>Accountant</b>	<b>Contact Details</b>
Bank account(s) only <input type="checkbox"/>	/
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	
<b>Solicitor</b>	<b>Contact Details</b>
Bank account(s) only <input type="checkbox"/>	/
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	
<b>Tax Adviser</b>	<b>Contact Details</b>
Bank account(s) only <input type="checkbox"/>	/
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	
<b>Other</b>	<b>Contact Details</b>
Bank account(s) only <input type="checkbox"/>	/
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	

POST  
- 5 JAN 2012  
RECEIVED

### Declaration continued

#### Codeword

There is the option of creating a codeword on your account(s) as an additional security measure. If a codeword is used and a request/instruction does not contain it, SGPB Hambros reserves the right not to act on the instruction. The codeword should not be a word that is likely to be guessed by anyone pretending to be you (e.g. name of a child/date of birth). In the case of joint accounts, all account holders must use the agreed codeword in respect of all requests regarding the account(s), including the giving of instructions.

**I/We request that a codeword is used in relation to my/our account(s).**

**The codeword I/we wish to use is:**

By signing this declaration:

- I/We confirm the private banker has taken me/us through this Client Services Questionnaire and that all the details provided by me/us in this Client Services Questionnaire are true and correct to the best of my/our knowledge and belief;
- I/We acknowledge that I/we have been provided with a copy of the SGPB Hambros Terms of Business and Scale of Charges;
- I/We confirm that I/we have been provided with the opportunity to raise any questions or clarify any matters relating to both the SGPB Hambros Terms of Business and the Client Services Questionnaire with the private banker prior to activating the account;
- I/We agree that by activating the account I/we will be bound by the Client Services Questionnaire and the SGPB Hambros Terms of Business, as amended from time to time.

#### Account Holder/Authorised Signatory

Signature

Please print name in full REEVA GOLDBLUM.

Date 19.12.2011

**N.B.** Identification documentation will be required for each joint account holder. In the case of joint accounts all parties must sign the declaration.

#### Joint Account Holder/Authorised Signatory (if applicable)

Signature

Please print name in full David Bengli

Date Dec 1, 2011

#### Joint Account Holder/Authorised Signatory (if applicable)

Signature

Please print name in full

Date

#### Joint Account Holder/Authorised Signatory (if applicable)

Signature

Please print name in full

Date

## Declaration

SGPB Hambros would like to draw your attention to the following in relation to the products and services that will be provided to you through opening accounts with SGPB Hambros.

### Terms and Conditions

You should be aware that your relationship with SGPB Hambros will be governed by and is subject to this Client Services Questionnaire and our Terms of Business. The Terms of Business should be read in conjunction with this Client Services Questionnaire.

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Where an account is in joint names or valuable items have been deposited with SGPB Hambros for safe keeping, SGPB Hambros will act on all instructions relating to such account(s) or valuable items given by:

- Any account holder acting alone; or ☒
- All account holders acting together; or ☐
- The following specified number of account holders acting together, ☐

until SGPB Hambros receives notice in writing to the contrary signed in accordance with the above instructions.

### Confidentiality and Marketing

It is important that you read and understand the conditions in the Terms of Business headed 'Confidentiality and Data Protection' and 'Credit Reference Agencies' which explain how SGPB Hambros will deal with your confidential information.

SGPB Hambros may, from time to time, use details about you, including your contact details, to allow us to market certain services provided by the Societe Generale Group or selected third parties which we believe may be of interest to you.

Please tick if you **DO NOT** wish to receive such marketing information ☒

### Consumer Credit

In accordance with consumer credit regulations (where applicable), signature of this declaration by you will be treated as a notice authorising us to send only one copy of any periodic account statement to the person named first in Part 2 of the Client Services Questionnaire at the address given to us from time to time.

### Monitoring of Telephone Calls

As further explained in the Terms of Business, all telephone conversations with us (and any help desk established in connection with the 'Private e-Banking Service') may be monitored and/or recorded without use of a warning tone with a view to improving our service to you and to protect both you and us and to help establish facts.

## EU Savings Tax Directive Checklist continued

One of the following five options must apply for all individuals:

Option	Permanent Address	Passport/ID Card Issued by	Documentation/Information Required
A	EU	EU	Tax notification, showing tax identification number (TIN) and the permanent residence address. If no tax notification presented, see NOTE below.
B	Non-EU	EU	Certificate of Tax Residence issued by the tax authorities of the country in which individual has permanent address. If no certificate presented, see NOTE below.
C	EU	Non-EU	Tax notification, showing tax TIN and the permanent residence address. If no tax notification presented, see NOTE below.
D	Non-EU	Non-EU	Permanent address and passport issuer both outside EU – not affected by Directive.
<b>E</b>	'UK Resident Non-Domiciled'		<ul style="list-style-type: none"> <li>– Non-UK passport or UK passport showing a non-UK place of birth</li> <li>– Evidence of a UK residential address and reasons for UK residence</li> <li>– Third Party Certificate confirming 'UK Resident Non-Domiciled' status (certification to be provided by HM Revenue and Customs, a lawyer or accountant. Consult your CRM if a Third Party Certificate is not available.)</li> </ul>

**NOTE:** Failing production of a tax notification or a Certificate of Tax Residence, the Member State that issued the passport or other official identity document shall be considered the country of tax residence.

In the Channel Islands and Gibraltar, the official documentation that is presently obtained to give proof of address for Anti-Money Laundering (AML) purposes would be considered sufficient to satisfy the requirements to confirm tax residence.

To be completed by all parties to the account(s).

Party No.	To be completed by all Parties	For Clients of Gibraltar only	Options B or E
	Are you IN or OUT of scope?	Do you want to withhold tax or exchange information?	Certification of Tax Residence/Status
1	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Withhold <input type="checkbox"/> Exchange <input type="checkbox"/>	
2	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/>	Withhold <input type="checkbox"/> Exchange <input type="checkbox"/>	

### Gibraltar only:

1. All in-scope parties to a joint account must select the same option of either exchange of information or withholding tax.
2. The withholding option is available to UK residents only.
3. For residents of EU countries (other than the UK), only exchange of information is available.
4. For accounts where at least one party is resident in an EU country, e.g. Spain, and any other party is resident in the UK, the withholding option is not available and all parties will be subject to exchange of information.

## US Withholding Tax – Declaration of Status (to be completed by all parties to the account)

All clients are required to complete a Declaration of Status to confirm that they are not a 'US Person' in the eyes of the US Internal Revenue Service (IRS). If you answer 'No' to all the following questions, you must complete an IRS W-8BEN form, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, confirming your non-US status.

If you answer 'Yes' to any of the following questions, we will have to consider you as a 'US Person' for IRS tax purposes. We will then explain the specific rules that apply to your situation and the options available to you. This will include the completion of an IRS W-9 form, Request for Taxpayer Identification Number and Certification.

**N.B.** Where there are more than two parties to a joint account, each party must complete a separate Declaration of Status. A separate W-8BEN form must be completed by each party to the account.

### Account Holder

Please print name in full

Account number

### Joint Account Holder

Please print name in full

Account number

In connection with the requirements of the United States Withholding Tax Regulations, and in order to enable SGPB Hambros to correctly determine the status and qualification of the account holder(s) as either a 'Non-US Person' or a 'US Person' under the Regulations, I/we the account holder(s) hereby confirm the following declarations to SGPB Hambros:

### Non-US Person Declaration

With regard to your account(s) with us, we request you tick the appropriate options below:	Account Holder	Joint Account Holder (if applicable)
Are you a US citizen? (Sole or dual citizenship, of which one is US citizenship)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a US resident alien? (Lawful permanent resident, e.g. 'green card holder' or substantial physical presence in the United States in the current and previous two years)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a US taxpayer for any other reason? (e.g. dual resident, spouse filing jointly, rescinding US citizenship of long-term residency)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Beneficial Ownership

---

I/We hereby declare that I am/we are the beneficial owner(s) of the assets and income to which this form relates.

## Change of Circumstance in Status as a Non-US Person

---

I/We undertake to notify SGPB Hambros if my/our status as a 'Non-US Person(s)' changes to the status of a 'US Person(s)'.

### Account Holder/Authorised Signatory

Signature

---

Date

---

### Joint Account Holder/Authorised Signatory (if applicable)

Signature

---

Date

---

### Third Party Mandate

To SGPB Hambros

Account Name

Account Holder Name

Joint Account Holder Name

In respect of the above named account(s), I/We hereby authorise you until such time as I/any one of us shall give you notice to the contrary in writing to consider.

Full Name of Authorised Party

Second Authorised Party (if applicable)

(whose signature(s) appears below) as fully empowered by me/us:

- a to draw cheques on and/or make withdrawals from and/or give instructions to debit my/our said account(s).
- b \*to draw, sign, accept and endorse bills and/or promissory notes and to arrange terms with you for negotiation or discount of any documents.
- c \*to withdraw anything held by you by way of security and/or safe custody collection and/or any other purpose whatsoever on my/our account.
- d \*to charge, pledge and deposit with you any of my/our property upon such terms as you may require to secure repayment to you on demand of all my/our liability(ies) and/or indebtedness to you whether present, future, actual and/or contingent including interest and other banking charges.
- e \*generally to act on my/our behalf in all matters of business with you.

\*(Points b to e may be deleted at the option of the Account Holders).

I/We request you to act on the above instructions and in particular to pay and honour all such cheques, bills and/or notes as above mentioned notwithstanding that any such payment may cause my/our said account(s) to be overdrawn or may increase an existing overdraft.

Specimen Signature of the Authorised Party

Specimen Signature of the Second Authorised Party

Signature

Signature

Date

Date

Account Holder's Signature

Joint Account Holder's Signature (if applicable)

Signature

Signature

Print name

Print name

Date

Date

Account Holder's Witness

Joint Account Holder's Witness (if applicable)

Name

Name

Signature

Signature

Date

Date

**N.B.** References and identification will be required for all authorised parties unless they are otherwise known to the bank.

## Mandate Authorising a Third Party to give Dealing Instructions

To SGPB Hambros

Account Name

Name of Account Holder/Authorised Signatory

Name of Joint Account Holder/Authorised Signatory  
(if applicable)

I/We the account holder(s) hereby authorise you until such time as I/we shall give you notice to the contrary in writing to consider

Third Party Authorised to give Instructions

Additional Authorised Third Party (if applicable)

Name

Name

Address

Address

Postcode

Postcode

(whose signature(s) appear(s) below) as fully empowered by me/us to give dealing instructions in relation to any of my/our investments, foreign exchange transactions and in respect of any corporate actions.

Specimen Signature of the Authorised Party

Specimen Signature of the Second Authorised Party

Signature

Signature

Date

Date

Account Holder's Signature

Joint Account Holder's Signature (if applicable)

Signature

Signature

Print name

Print name

Date

Date

Account Holder's Witness

Joint Account Holder's Witness (if applicable)

Name

Name

Signature

Signature

Date

Date

**N.B.** References and identification will be required for all authorised parties unless they are otherwise known to the bank.

## Identification Documents

---

### Guidance regarding documentation required to verify your Identity and Address

SGPB Hambros is required to verify the identity and residential address of all Clients and of certain other persons. This document provides guidance as to the type of documentation that is required and acceptable; who can certify these documents; and the wording that should be used to provide the certification.

Where you have been met face to face by an employee of the Societe Generale Group, including an employee of SGPB Hambros, you will be required to provide one document verifying your identity and one document verifying your residential address. In all other circumstances two documents verifying your identity and two documents verifying your residential address will be required.

#### Verification of Your Identity

Either of the following documents can be provided to verify your identity.

1. Signed passport.
2. National Identity Card.

The copy document provided must be current (i.e. not out of date), provide a full clear photograph, and show the issuing office, document number, date of issue and expiry date; together with the nationality, date of birth, place of birth, and signature of the holder.

#### Certification of Documents Verifying Your Identity

The person certifying your documents must include all of the following as part of their certification:

- The certification must be signed and dated by the person handling the original documents.
- They should write: 'I hereby certify this to be a true copy of an original document and that the photograph therein is a true likeness of that person described therein'.
- The certifier must also provide adequate information so that they may be contacted in the event of a query – the name, address, title, occupation and firm of the certifier should be recorded clearly in BLOCK CAPITALS. Where appropriate a firm's official stamp should be used.

#### Verification of Your Residential Address

Documents verifying your residential address must be no more than 3 months old and can be either original documents (no certification required) or certified copies, which should be of good quality reproduction. Any of the following documents can be used to verify your residential address:

1. Current driving licence.
2. Statement of a Bank account or Mortgage account – a credit card statement is not acceptable.
3. Utility bill evidencing the provision of an utility service (Gas, Electricity, Water, Telephone) to your residential address – a mobile phone bill is not acceptable.
4. Property Tax bill or Income Tax Notification for the current year \* see notes overleaf.

## Identification Documents continued

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### Notes:

- Document 4 on page 35 can be more than 3 months old, provided it relates to the current 'tax' year.
- For joint accounts, documents in the names of spouses/partners living together are acceptable.
- PO Box addresses are not acceptable as a permanent residential address. In such cases, please refer to your Private Banker.
- Documentation verifying your residential address must be in English. When such documentation is in a foreign language, a full translation, or a translation of the salient points, translated by a party acceptable to SGPB Hambros, will be required. In such cases, refer to your Private Banker.

### Certification of documents verifying your residential address and other documents

Certification of documents verifying your residential address and any other documents being certified should contain the wording 'I hereby certify this to be a true copy of an original document handed to me by the person described therein'. The other certification requirements detailed above regarding signature, date and certifier information are also required.

### Who Can Certify Documents?

The following people can certify photocopies of your identity and address verification documents:

- An employee of the Societe Generale Group, including an employee of SGPB Hambros.
- An Official employed by a Bank or Financial Services Business regulated within the EU or within an "EU Equivalent Country" (for guidance as to EU and EU Equivalent countries, refer to your Private Banker).
- An officer of an embassy, consulate or high commission of the country of issue of the identity document.
- A Senior Civil Servant, serving Police Officer or a Customs Officer.
- A Notary, Lawyer, Solicitor, member of the Judiciary, Accountant, Actuary or Tax Adviser, who must be a member of a recognised professional body, thereby subject to professional rules providing for the integrity of his conduct.

## For Internal Use Only

### Investment Profile Consistency

Validation aide for investment section questions/risk category selection

Question Responses		Risk Category Selected in Questionnaire				
		<input type="checkbox"/> Lowest	<input type="checkbox"/> Medium/Low	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium/High	<input type="checkbox"/> High
<b>Loss Capacity</b>						
<input type="checkbox"/>	0%	0	2	3	3	3
<input type="checkbox"/>	5%	0	0	1	3	3
<input type="checkbox"/>	15%	1	0	0	0	1
<input type="checkbox"/>	30%	1	0	0	0	1
<input type="checkbox"/>	over 30%	1	1	0	0	0
<b>Time Horizon</b>						
<input type="checkbox"/>	Less than 3 years	0	1	1	2	2
<input type="checkbox"/>	3 to 5 years	0	0	0	1	2
<input type="checkbox"/>	More than 5 years	0	0	0	0	0
<b>Knowledge Experience</b>						
<input type="checkbox"/>	Little	1	1	1	1	1
<input type="checkbox"/>	General	0	0	0	1	1
<input type="checkbox"/>	Very good	0	0	0	0	0
<b>% of Global Wealth</b>						
<input type="checkbox"/>	60% to 100%	0	0	0	1	1
<input type="checkbox"/>	30% to 60%	0	0	0	0	1
<input type="checkbox"/>	Less than 30%	0	0	0	0	0

### Section

### Consistency Score

Loss Capacity

☐

Time Horizon

☐

Knowledge Experience

☐

% of Global Wealth

☐

Total of above boxes (Consistency Score)

☐

If score total = 2 or greater CRM must provide additional information on the following page to briefly detail why risk profile selected is appropriate.

If score total = 3 or more then risk profile is potentially inconsistent with question responses. FO Control review required.

**For Internal Use Only** continued

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**Additional Information/Explanation as to Suitability of Risk Profile (Required if Consistency Score is 2 or Greater)**

**Private Banker Sign Off**

Private Banker Name

---

Private Banker Signature

---

Date

---

**FO Control Sign Off (Required if Consistency Score is 3 or Greater)**

FO Controller

---

FO Signature

---

Date

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<b>SYNERGY INDEX</b>	Cabinet CLIENT	Doc Type KYCC	Doc Date 16/2/12	Client No. 148 199
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**This document establishes the Identity of an Individual that is party to another account for which a separate full checklist is being completed. This document should accompany the full checklist for sign-off.**

Client that this Checklist supports Mrs Reeva Goldblum

Full name of the Individual to whom this Checklist relates Mr David Bengis

Capacity in which they are acting for this Client  
 Bene Owner      Other - state JOINT A/c holder

Has this Individual's identity & address already been verified? **YES.** 162779      310306

*existing U/A holder*      If Yes, Client No. *A/c holder*      Compliance sign off date

**IF NO** Has THIS INDIVIDUAL been personally verified 'Face to Face'? **YES** *Complete Part A*      **NO** *Complete Parts A & B*

'Face to Face' means a member of SG staff has personally met & verified the individual's identity.

---

**FOR ALL INDIVIDUALS:**

Evidence of external checks having been carried out on this individual, that verify information provided especially, where relevant, on source of wealth, including relevant & appropriate Internet research **X**

---

**PART A - FACE TO FACE VERIFICATION:**

Obtain one document verifying Name AND one document verifying Address.

**First** Verify Individual's **NAME** with **certified copies** of either of the following two documents:  
 Information regarding the document certification are found in **Certification of New Account Documentation**, located on SharePoint under Documents > User Guides > Anti-Money Laundering - New Account Checklists.

**Tick relevant document**

1. Current signed passport ☒
2. National Identity Card ☐

**Then** Verify the Individual's **Permanent Residential ADDRESS** with **certified copies** of **ONE** of the following:  
 The document must be in the name of the Individual and show their permanent residential address

3. Written Record of home visit (meeting the individual inside their permanent residence) ☒
4. Bank statement (up to three months old) ☐
5. Utility bill (up to three months old) ☐
6. Current full driving licence or photo driving licence - temporary or provisional licences are not acceptable; (but not if used for secondary identity verification below) ☐
7. Income tax notification for current tax year ☐
8. Property tax bill for the current tax year ☐
9. Firearms certificate ☐
10. Electoral register search through a credit reference agency ☐

---

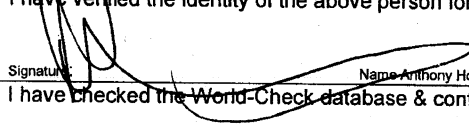
**PART B – Where the Individual HAS NOT been personally met by a member of SG staff**

Original or certified copies of **ANY TWO** of the following must also be produced as additional verification.

11. Any one of documents 1 – 10 above, not used for 1<sup>st</sup> verification above ☐
12. Another one of documents 1 – 10 above, not used for 1<sup>st</sup> verification above ☐
13. Direct mailing to the named individual at independently verified address (e.g. 192.com search). ☐
14. A file note recording the telephone contact with the individual on an independently verified number ☐

---

**If none of the above are available, refer to MLRO for guidance**

<b>Relationship Manager:</b>	I have verified the identity of the above person for AML/CFT purposes as required by SG Hambros Group		
	Signature: 	Name: Anthony Holley	Position: SPB
<b>MLRO/MLCO:</b>	I have checked the World-Check database & confirm that this person does not appear on any Sanction list		
	Signature:	Name:	MLRO/MLCO Date:

<b>SYNERGY INDEX</b>	<b>Cabinet CLIENT</b>	<b>Doc Type</b> KYCC	<b>Doc Date</b> 15.02.2012	<b>Client Number</b> 148199	<b>No of Pages:</b> 6
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### CUSTOMER DUE DILIGENCE - KNOW YOUR CLIENT'S BUSINESS ("KYCB") PROFILE

The purpose of this form is to assist SG Hambros and its employees to carry out its responsibilities to deter money laundering. KYCB data should be completed in full as part of the New Client Acceptance process. However, **this is a 'living' document** and must be updated on an ongoing basis so as to detail the present relationship with and status of our Client. As changes occur, this document must be updated and saved. Whenever updated, **a copy should be printed and scanned** into Synergy.

<b>Full Name of Account:</b>	MRS REEVA GOLDBLUM & DAVID BENGIS
------------------------------	-----------------------------------

1. Details of last client contact	13/02/2012 @ 20.00 BY E-MAIL
Including details of: - REEVA CONFIRMED REQUEST TO ADD DAVID TO HER ACCOUNT	
Date, Time, and Method i.e. phone/meeting	
2. What was the source of this business?	Inheritance & Dividends
Another client, a professional firm, response to an advertisement etc	
3. Why SGPBH & this jurisdiction?	CONNECTION IS SON DAVID BENGIS ACCOUNT 162779
A brief Indication of the rationale behind this account being opened with SGH – why is the business is coming to us?	
Provide a separate file note if required	
4. State the occupation(s) / nature of business of the Client(s)	n/a
State the Client(s)' occupation. Terms such as Director/Consultant need expanding to give detail what the client actually does. (i.e. what the client physically does that has enabled them to accumulate their income and wealth)	
5. Name & address of Employer(s)	n/a- retired
State Employer's full name & address. If the client is self employed or a Director of their own company insert the firm / company name and trading address of the business	
6. Annual Salary(ies):	n/a
Detail the Client(s)' income from employment. If self-employed state the businesses turnover and support with most recent annual accounts where possible	
7. Amount & Source of <u>other</u> annual income:	n/a
Detail the Client(s)' income from all other sources including the origin of this income. (i.e. bonus, bank interest, dividends etc.)	
8. What is the Amount and the Source of the Funds being remitted to open this new account?	Inheritance & Dividends
State the Amount, the Name of the Remitter, the Bank and Country that will be remitting the initial funds and when the funds are expected to arrive	
If it is not in the same name as the Client, fully explain the reasons for 3 <sup>rd</sup> party involvement. If securities, state the name the securities are held in and the originating broker details	

<p>9. What is the Source of Wealth ("SoW") of the Client(s)?</p> <p><i>SoW - the activities which have generated the total net worth of a person i.e. those activities which have generated a customer's funds and property.</i></p> <p><i>Information concerning the time frame over which that wealth was generated and the geographical sphere of the activities that have generated the wealth may also be relevant.</i></p> <p><i>Full details are required – bland terms such as "Sale of Business"; "savings", "Inheritance" or "earned" are not enough and need to be expanded upon, such as "life time savings of Mr X, who was a London lawyer".</i></p> <p><i>Provide a separate file note if required.</i></p>	<p><b>Inheritance &amp; Dividends</b></p>																			
<p>10. How was the SoW verified?</p> <p><i>Where appropriate, documentary evidence should be provided supporting the information provided by the Client</i></p> <p><i>Refer to the Source of Wealth Matrix – available on SGHambros online</i></p>																				
<p>11. What Services are being/to be provided by SGPBH?</p> <p><i>Fully list the products and service the client requires from SGH. This will help determine the level of KYC information required. If in doubt refer to your MLRO.</i></p> <p><i>i.e. Services - Bank Account, Credit, Investment and Trust</i></p> <p><i>Products – Visa Card, Structured Notes, E-banking</i></p>	<p><b>Banking &amp; Execution only portfolio</b></p>																			
<p>12. <u>Estimated Account Activity</u>:</p> <p><i>State the amount and frequency of all anticipated client-instigated transactions. Ignore transactions such as fees, interest, dividends, fixed rollovers etc.</i></p> <p><b><i>Do not use bland statements such as "frequent" or "infrequent".</i></b></p>	<p>Account frequently used a few times a month with credit card transactions</p>																			
<p>13. Value range of transactions:</p> <p><i>This information will assist in identifying any unusual transactions.</i></p> <p><b><u>Estimated</u></b> value ranges:</p> <p><i>To be completed at client take-on.</i></p> <p><b><u>Actual</u></b> value ranges:</p> <p><i>To be updated whenever Profile is reviewed. Indicate the value of transactions from the last to the current review</i></p>	<p><i>Indicate the maximum value of anticipated transactions. Be as accurate as possible - i.e. if you know the only income received is monthly rental income of £10K, put up to £10K.</i></p> <table border="0"> <tr> <td colspan="2"><b><u>Incoming Funds</u></b></td> <td><b><u>Payments out</u></b></td> </tr> <tr> <td>Up to:</td> <td>unknown</td> <td>Up to: unknown</td> </tr> <tr> <td colspan="2"><b><u>Review period</u></b></td> <td></td> </tr> <tr> <td>From:</td> <td></td> <td>To:</td> </tr> <tr> <td>Inward</td> <td>Low</td> <td>High</td> </tr> <tr> <td>Outward</td> <td>Low</td> <td>High</td> </tr> </table>		<b><u>Incoming Funds</u></b>		<b><u>Payments out</u></b>	Up to:	unknown	Up to: unknown	<b><u>Review period</u></b>			From:		To:	Inward	Low	High	Outward	Low	High
<b><u>Incoming Funds</u></b>		<b><u>Payments out</u></b>																		
Up to:	unknown	Up to: unknown																		
<b><u>Review period</u></b>																				
From:		To:																		
Inward	Low	High																		
Outward	Low	High																		
<p>14. Detail any anticipated cross-border financial transactions (payments and receipts)</p> <p><i>Detail the amount, beneficiary/remitter, country and purpose of any payments/receipts to/from <b><u>outside the jurisdiction in which the account is to be maintained.</u></b></i></p>	<p><b>Unknown at present</b></p>																			

## KYCB PROFILE – INDIVIDUALS

**FOR INTERNAL USE ONLY**

*List all other banks with which the client has dealings*

**16. NET WORTH:** Provide full details of the client's worth (use a separate statement of assets & liabilities if required) – this not only determines if the client is criteria & what services can be explored, but gives an idea of expected transactions.

<b>Assets (£)</b>	Cash & bank	£639,000	Stocks & Shares	\$661,000	Properties	
	Other Assets		Other Assets		<b>Total Assets</b>	£639,000 \$661,000
<b>Liabilities (£)</b>	Mortgages		Other Liabilities		<b>Total Liabilities</b>	
					<b>Net Worth</b>	£639,000 \$661,000
<b>Comments regarding Net Worth</b>						

**List all other accounts held within the SG Hambros Group that are connected to this Client. If there are more than 10 connected accounts, continue on a separate sheet, using the same format as below. Ensure Olympic RE screen completed as appropriate.**

[illegible]

18. Any other pertinent information

## **Annual Reviews**

### **May 2010**

Mrs Goldblum is the mother of one of our clients Mr David Bengis. David is a ULA on his mothers account and is therefore able to give instructions over the account. The account runs in line with expected activity, carrying out the monthly standing order to fund Mrs Goldblum's living expenses on 1<sup>st</sup> month to Union Bank in Israel. Mrs Goldblum frequently uses her debit visa card and regular coupon payments are received into the account from her portfolio.

### **October 2010**

In regular contact with David who is the ULA on Mrs Goldblum's account to effect transfers/payments etc.. Mrs Goldblum telephoned into the office in September and spoke with Tony Holley. We asked her to send to us up to date IDV and she was just a bit worried that they would be sent to us in Hebrew. Tony told her not to worry and we would arrange for them to be translated. Account continues to run in line with expected activity.

### **January 2011**

In regular contact with Mr David Bengis (almost Daily by phone and e-mail) who is the ULA on the account. No change since last review.

### **July 2011**

In regular contact with David Bengis by telephone, fax and e-mail. Account continues to run in line with expected activity. David recently introduced his friend, Mr Avin Lieberman to SG. Mr Lieberman has opened an account and we are in the process of opening the portfolio account to start trading.

### **Oct 2011**

In regular contact with David Bengis by telephone, fax and e-mail. Gearing 2 signed off by Paris for \$13.5million. Sale of Property in Florida over Biema Holdings for \$1.2M – funds due in shortly.

15.02.2012

In regular contact with David Bengis by telephone, fax and e-mail.



<b>PRIVATE BANKING BUSINESS</b>	<b>SYNERGY INDEX</b>	Cabinet: Client Doc Type: KYCC
<b>KYCB RISK ASSESSMENT - INDIVIDUALS</b>	Bank Client No.	148199
Version 2011 - 03 : 31/08/2011	Doc Date	15 February 2012

Full names of ALL parties to Account	MRS REEVA GOLDBLUM	CLIENT No. 148199
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Question	Answer	Risk
1 Is this the first Risk Assessment carried out on this Client Account?	No	Client is High Risk  Provide full details of High Risk reason in COMMENTS box below
2 What was the PREVIOUS Risk Level of this Client Account?	High	
3 According to SGH policy regarding verification of client identity and address (IDV/ADV), have ANY PARTIES to the Account NOT been FULLY IDENTIFIED ?	No	
4 Is ANY PARTY to the Account (incl. holder of 3rd party mandate) a Politically Exposed Person (PEP) or associated Person? CARE: see definitions below	No	
5 Question 5 does not require answering		
6 Is the Account 'Hold Mail'? - The indefinite retention of client correspondence, where the client has no intention of receiving or collecting such correspondence."	No	
7 Is ANY PARTY to the Account resident of, have business interests in, or Source of Wealth originating in, a High Risk Country (see list below and on SharePoint)?	No	
8 Does ANY PARTY to the Account have an involvement in, or a Source of Wealth derived from, a high risk/sensitive business activity? (see notes below)	No	
9 Is there any other reason why you would consider this Account as Higher Risk? See list below	No	
10 Is there any other reason why you would consider this Account as High Risk? Examples include: Ongoing/potential litigation, Subject to a Court Order, Serious client complaint, Fees outstanding, Complex Structure	Yes	
11 What is the Account Holder's Nationality?	South Africa	Medium
12 In which country does the Account Holder live?	Israel	Medium
13 From which country has Account Holder's wealth been derived?	South Africa	Medium
14 From what activity has the Account Holder accumulated their wealth?	Inheritance	Low
15 What is (or will be) the asset value of the Account?	£500k to £5M	Medium

Risk Level excluding Automatic High Risk Questions

MEDIUM Risk

Client Risk	Client is HIGH Risk - Input Olympic AN code 127	Next Risk Assessment due by *	14 February 2013
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\* Unless any one of the following events occur first, in which case the Risk Assessment must be updated immediately:  
 A change our relationship with the Client(s) - for example: value of AUM resulting from new assets introduced/purchased or assets sold/distributed; a change in investment policy; a change in banking relationship (incl. opening a new 'root'); the possibility of litigation or similar; potential financial/reputation risk to SGPBH, etc.  
 A change in the structure of the Account. This may include the addition/removal of a party to the account, granting of a 3rd party mandate etc.  
 A change the circumstances of any party to the Account (incl. 3rd party mandate holder etc) - the change being something that would have a material impact on the KYCB Risk Assessment, for example a change in residence/domicile, business interests, becoming/ceasing to be deemed as a PEP, change is SGPBH Country Risk etc.

BENGIS CONNECTION	
<b>COMMENTS BOX</b>	
Additional comments regarding answers to this Assessment	

<b>CERTIFICATION BY THE PERSON COMPLETING THIS RISK ASSESSMENT</b>	
I confirm that I have carried out the Anti-Money Laundering and Countering the Financing of Terrorism Client KYCB in accordance with SGPBH Group Procedures. Furthermore I confirm that this Risk Assessment is based on information provided by or on behalf of the Client and I have no reason to doubt its accuracy.	
Signature of person completing this Assessment	REBECCA GILL PRIVATE BANKER
	15.02.2012
	Date

<b>CRM CONFIRMATION</b> - Required where Assessment has not been completed by the CRM who has prime responsibility for this client	
CRM signature	ANTHONY HOLLEY
	15.02.2012
	Date

<b>Additional sign-off requirements</b>	
All new High or Higher Risk business must be taken to a New Account Opening Committee/High Risk Committee for acceptance. Refer to SGPBH SharePoint\Policies & Procedures\Anti-Money Laundering\AML CFT Guidance Note 2	
High Risk business must be signed off by a Director of SGH (local policy defines who can sign as a 'Director') AND signed by local MLRO	
High Risk - Director must sign	Director
	Date
16.2.12	
ALSO - This form must be signed by AML Compliance Olympic Agreement 010 input and WorldCheck search done	
AML Compliance signature, name and date	

**MANDATE AUTHORISING THIRD PARTY TO OPERATE ACCOUNTS**

SG Hambros Bank (Channel Islands) Limited, PO Box 78, SG Hambros House, 18 Esplanade, St Helier, Jersey JE4 8PR

Account Holder(s)

**REEVA GOLDBLUM**

We hereby authorise you until such time as I/any one of us shall give you notice to the contrary in writing to consider

Full name of authorised party

Second authorised party (if applicable)

**DAVID BEN-GIS**

(Whose signature appears below) as fully empowered by me/us

- \*1 To draw cheques on and/or make withdrawals from and/or give instructions to debit my/our said account or accounts.
- \*2 To draw sign accept and endorse bills and/or promissory notes and to arrange terms with you for negotiation or discount of any documents
- \*3 To withdraw anything held by you by way of security and/or for safe custody collection and/or any other purpose whatsoever on my/our account
- \*4 To charge pledge and deposit with you any of my/our property upon such terms as you may require to secure repayment to you on demand of all my/our liability(ies) and/or indebtedness to you whether present future actual and/or contingent including interest and other banking charges
- \*5 Generally to act on my/our behalf in all matters of business with you

*\*(Points 2-5 may be deleted at the option of the Account Holder)*

And I/we request you to act on the above instructions and in particular to pay and honour all such cheques bills and/or notes as above mentioned notwithstanding that any such payment may cause my/our said account or accounts to be overdrawn or may increase an existing overdraft

Specimen signature of the above named

Second authorised party signature

Date

Date

Signature(s) of all Account Holder(s)

NB. References and identification will be required in relation to all authorised parties unless they are otherwise known to the Bank.

Client No.	1	4	8	1	9	9	
Cabinet	PER						
Doc Type	AUT						
Doc Date	16/10/06						
Copies (if more than one)	1						

## Account Statement

### Hambros

Mrs Reeva Goldblum  
 Moshe Shapira 9  
 Apartment 6  
 Lev Hatark  
 Raanana 43722  
 Israel

**Client:** Mrs Reeva Goldblum

**Account type:** CALL DEPOSIT ACCOUNT

**Description:**

**Contact:** ANTHONY HOLLEY

Account Number: [REDACTED]

IBAN: GB 35HAMB40487614819900

BIC Code: HAMBJESX

Currency: US DOLLAR

Statement Date: 31-Mar-2007

Balance brought forward 17,008.49 DR  
**Balance carried forward 425,816.35 CR**

Date	Description	Value	Debit	Credit	Balance
31-Dec-2006	Balance Brought Forward	31-Dec-2006			17,008.49 DR
12-Jan-2007	Safe custody fees	15-Jan-2007	157.45		
12-Jan-2007	Funds received MISHCON DE REYA CLIE	16-Jan-2007		478,000.00	460,834.06 CR
18-Jan-2007	Electronic transfer REEVA GOLDBLUM	18-Jan-2007	25,055.36		435,778.70 CR
23-Jan-2007	Debit Card	23-Jan-2007	4,376.00		431,402.70 CR
	STAR TOURS 1980 LTD TEL AVIV				
30-Jan-2007	Debit Card	30-Jan-2007	51.83		
	DOWN TO EARTH NATURAL KAHULUI				
30-Jan-2007	Debit Card	30-Jan-2007	92.70		431,258.17 CR
	KAUKINI GALLERY WAILUKU				
31-Jan-2007	Debit Card	31-Jan-2007	102.74		431,155.43 CR
	MALA OCEAN TAVERN 808-6679394				
01-Feb-2007	Standing order REEVA GOLDBLUM	01-Feb-2007	5,055.00		426,100.43 CR
02-Feb-2007	Debit Card	02-Feb-2007	84.08		
	FABRIC MART KAHULUI KAHULUI				
02-Feb-2007	Debit Card	02-Feb-2007	200.00		425,816.35 CR
	BOH/BOH COSTCO MAUI - K KAHULUI				
02-Feb-2007	Balance Carried Forward	02-Feb-2007			425,816.35 CR

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**SG Hambros Bank (Channel Islands) Limited**

PO Box 78, SG Hambros House  
 18 Esplanade, St Helier  
 Jersey JE4 8PR  
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 Fax: +44 1534 815640

Regulated by the Jersey Financial Services Commission for banking and investment business and a member of the London Stock Exchange